Non-communicable diseases and climate change: linked global emergencies

In the Annual University College London–*Lancet* Global Health Lecture in April, 2019, we called for non-communicable diseases (NCDs) to be regarded as a global emergency and we compared the spread of NCDs to climate change, a global emergency of unprecedented proportion. This is not hyperbole—there is ample reason for that claim. NCDs present an overwhelming and widespread threat to populations globally and cause more than 70% of global health deaths.[1] Worldwide, there are more than 1·1 billion people who have high blood pressure, almost 800 000 people die from suicide, 425 million adults have diabetes, and about 40% of adults are overweight or obese.[2-5] All these numbers are expected to rise. WHO has said that without dramatic new intervention the Sustainable Development Goal (SDG) target to reduce premature NCD mortality by a third by 2030 will fail.[6]

The parallels between NCDs and climate change go beyond statistics to causal factors. Both are preventable. Both are caused to a large degree by human behaviour. And both require a multisectoral response. Yet neither are prioritised by responsible global and national policy makers. Infamously, the USA walked away from the Paris Climate Change Accord in 2017 and signatories have made unsatisfactory progress to date.[7] It is similarly easy to point to weak leadership and action on NCDs. The WHO Framework Convention on Tobacco Control, one of the most widely adopted UN treaties, lacks ratification by several governments, including the USA, and its impact is marred by industry interference and variable implementation.[8] WHO's NCD Progress Monitor, which charts the implementation of recommended national strategies for the prevention of NCDs, shows that progress is insufficient.[9] There is no global health institution dedicated to addressing NCDs. Indeed, WHO downgraded the leadership position responsible for NCDs in Geneva in the past year and other global health institutions have backed away from earlier signalled openness to

work on NCDs. No official public donor has a programme dedicated to addressing NCDs in poor countries.

While NCDs are not the only global problem that merits greater attention and resources, it is an example of a syndemic—a synergy of epidemics that co-occur in time and place, interact to produce complex sequelae, and share common underlying social drivers.[10,11] However, while the syndemic of HIV/AIDS (for which the term syndemic was coined) received 24% of global donor assistance for health in 2017, NCDs, which claim far more lives, receive only 2% of global health donor funding, leaving most low-income countries to tackle the problem on their own.[12] Why is the response not commensurate to the threats posed by NCDs?

Multiple cognitive and political challenges prevent us from responding to obvious threats that are large-scale, complex, and seemingly far off. Economists identify one such challenge as temporal discounting or time inconsistency. Humans often choose instant gratification and short-term pay-offs over long-term considerations. We also, often erroneously, assume the future will look basically like the present. These behaviours amplify many NCD risks that are invisible and non-linear. Another cognitive distortion is defensive attribution: we put responsibility on those who are harmed while not feeling any responsibility ourselves. People still refer to lifestyle diseases even though there are broad socioeconomic and environmental causes of NCDs, and entire industries exist to profit from products or activities that increase NCD risks.[13]

On the public policy side, with politicians perpetually focused on the immediacy of the next election, under the influence of highly paid lobbyists and targeted campaign contributions, and influenced by strategic disinformation, companies are left free to market low-cost, high-profit products that adversely impact the environment and human health.

Where does this leave us? Like climate change, NCDs are a global disaster, and like climate change, there are solutions to NCDs. We have evidence of what works and we know where we need to make changes. For example, eliminating the half a trillion US dollars spent each year on subsidising fossil fuels and multibillion dollar annual subsidies to industrialised agriculture, using health taxes alongside other health promotion tools to influence the behaviours and incentives of individuals and communities, and investing our research and health-care dollars to understand and respond to the wide determinants and consequences of NCDs.[14,15] As is true of climate change, the question is not can we afford to do what is needed to reduce NCDs, but can we afford not to? The answer is, we cannot—the need for action is urgent and the consequences of failure are massive.

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